



California Addresses the National HIV/AIDS Strategy Goals and Objectives



In July 2010, the White House released the *National HIV/AIDS Strategy (NHAS) for the United States*, which outlined four goals for a national response to HIV in the United States. These goals are to: 1) reduce the number of people who become infected with HIV; 2) increase access to care and improve health outcomes for people living with HIV; 3) reduce HIV-related health disparities; and 4) achieve a more coordinated national response to the HIV epidemic.

California's Integrated HIV Surveillance, Prevention, and Care Plan Goals are in alignment with NHAS. Because the objectives associated with the first three NHAS goals are measurable using current California data sources, this report focuses on these first three goals and shows the baseline status of these objectives and specifies 2015 targets for California. Data sources and methods are described on page 4.

Goal 1: Reduce the Number of New HIV Infections

NHAS Objectives for 2015	California	
	Baseline (2010)	Target (2015)
Objective 1-1: Reduce the number of new HIV infections by 25 percent.	5,598 ¹	4,199
Objective 1-2: Reduce the HIV transmission rate ² by 30 percent	4.3	3.0
Objective 1-3: Increase the percentage of people living with HIV who know their serostatus ³ to 90 percent.	N/A ⁴	90%

¹ 95 percent confidence interval: 4,576 – 6,621 cases.

² HIV transmission rate is defined as the number of new HIV infections per 100 people living with HIV.

³ Serostatus is an individual's status with respect to being positive or negative for HIV antibodies.

⁴ California-specific data for this objective is not currently available. The nationwide estimate for this objective is 82 percent.

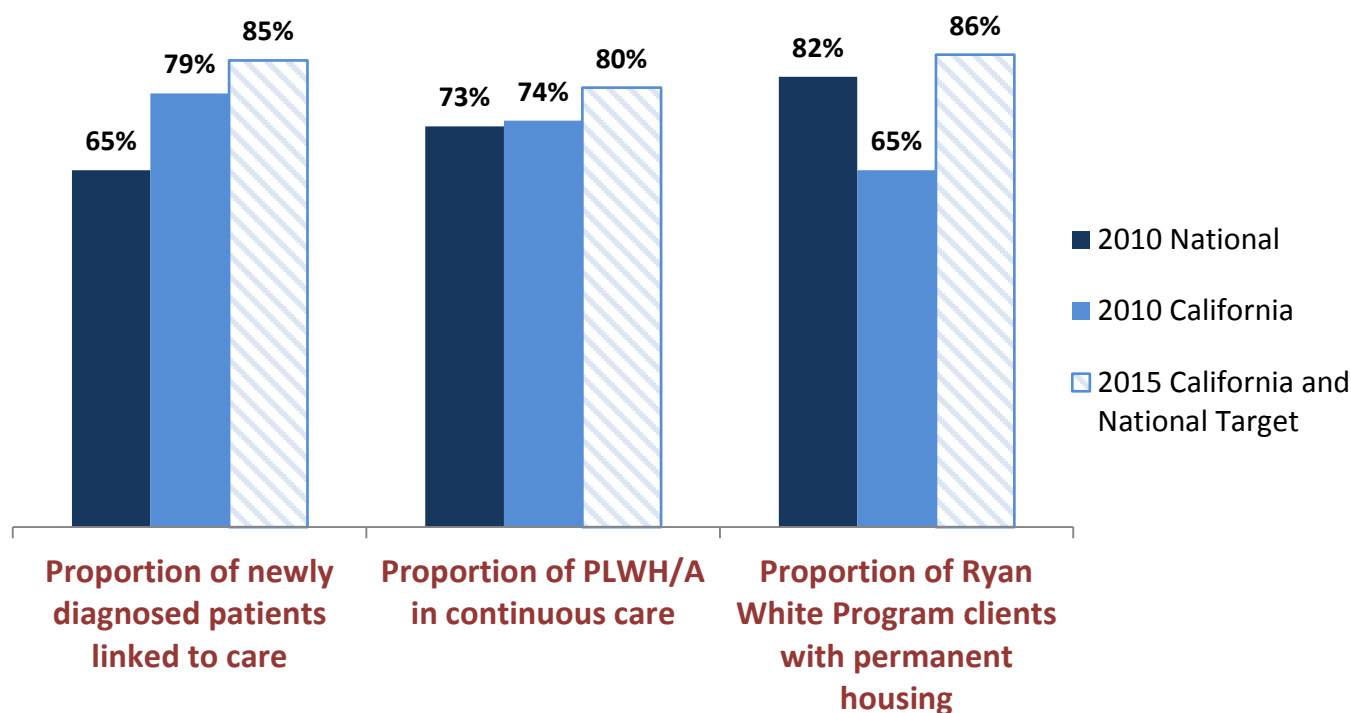
Goal 2: Increase Access to Care and Optimize Health Outcomes for People Living with HIV/AIDS (PLWH/A)

NHAS Objective for 2015	California	
	Baseline (2010)	Target (2015)
Objective 2-1: Increase the proportion of newly diagnosed patients linked to clinical care within three months of HIV diagnosis from 65 to 85 percent.	79%	85%
Objective 2-2: Increase the proportion of PLWH/A who are in continuous care to 80 percent. ¹	74%	80%
Objective 2-3: Increase the proportion of Ryan White Program ² clients with permanent housing to 86 percent.	65%	86%

¹ California is applying the objective to all Californians living with HIV/AIDS who are in care, regardless of payer source. The national objective is based on Ryan White Program clients.

² The Ryan White Program is a federally funded program that supports primary medical care and essential support services for PLWH/A who have no other payer source for these services.

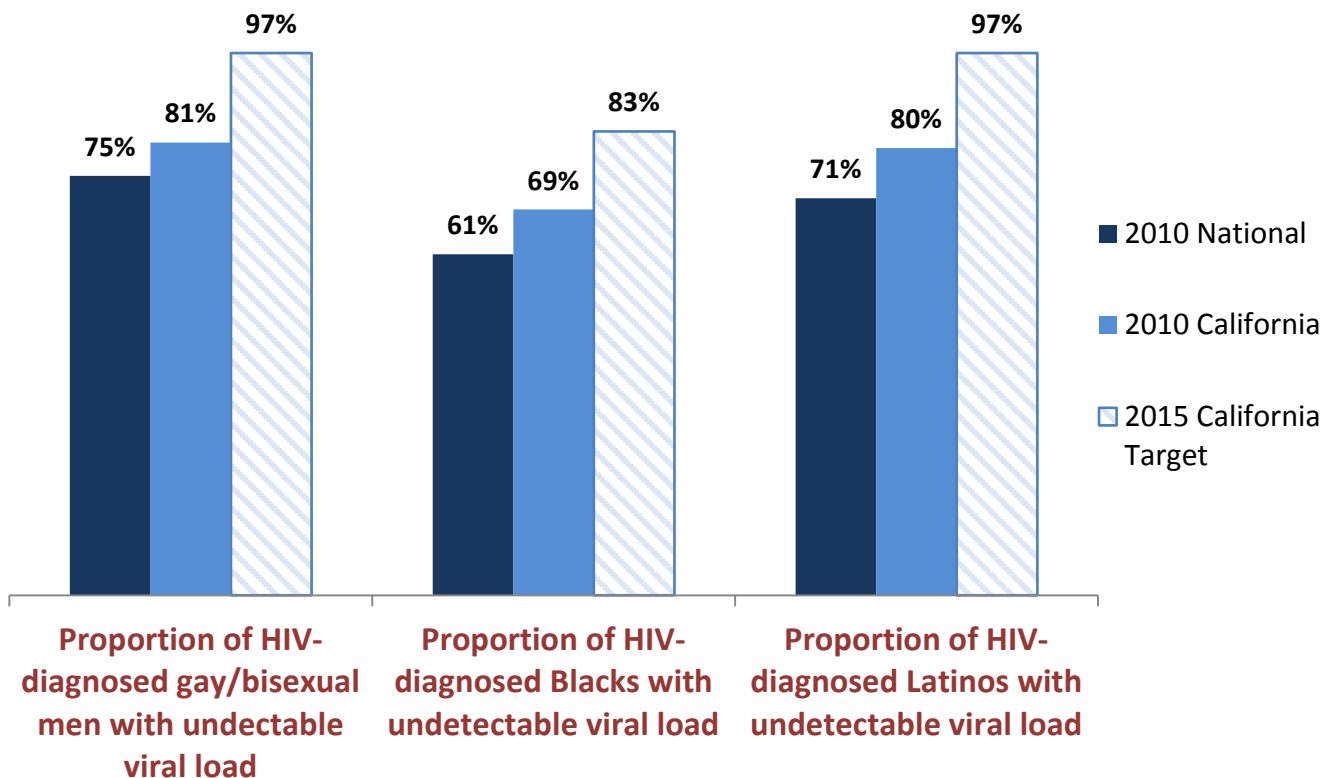
How California Compares to National Baseline Measures for Goal 2 of the National HIV/AIDS Strategy



Goal 3: Reduce HIV-Related Health Disparities

NHAS Objectives for 2015	California	
	Baseline (2010)	Target (2015)
Objective 3-1: Increase the proportion of HIV-diagnosed gay and bisexual men with undetectable viral load by 20 percent.	81%	97%
Objective 3-2: Increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20 percent.	69%	83%
Objective 3-3: Increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20 percent.	80%	97%

How California Compares to National Baseline Measures for Goal 3 of the National HIV/AIDS Strategy



Data Sources and Methods

Except for Objective 2-3, all California-specific analyses presented in this document were based on 2010 California HIV case and incidence surveillance data, including data from all 61 local health jurisdictions (LHJs) in California, as reported to the California Department of Public Health (CDPH) through December 27, 2012. All analyses were restricted to persons aged 13 years and older.

1) Goal 1: Reduce the number of new HIV infections

a. Objectives 1-1 and 1-2

- HIV incidence estimates are based on algorithms developed by the Centers for Disease Control and Prevention (CDC).
- Baseline calculation: $5,598 \text{ cases (estimated incidence)} / 128,731 \text{ estimated prevalence (diagnosed + undiagnosed)} * 100 = 4.3 \text{ new HIV transmissions per 100 people living with HIV.}$
- More information about California HIV incidence surveillance is available at: <http://www.cdph.ca.gov/programs/aids/Pages/OAHISHome.aspx>

b. Objective 1- 3

- CDC estimates of the proportion of HIV-infected individuals nationwide who know their serostatus:
Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and six U.S. dependent areas—2010. *HIV Surveillance Supplemental Report* 2012;17 (No. 3, part A). http://www.cdc.gov/hiv/library/reports/surveillance/2010/surveillance_Report_vol_17_no_3.html. Published June 2012. [Accessed November 18, 2013.]

2) Goal 2: Increase access to care and optimize health outcomes for people living with HIV

a. Objectives 2-1 and 2-2

- Calculated using CDC's NHAS indicator computer programs [SAS® Version 9.2 (SAS Institute Inc., Cary, NC, USA)].
- Laboratory data were used as a proxy for care visits; a care visit was defined as a CD4 and/or viral load laboratory result reported to CDPH.
- Newly diagnosed persons linked to care were defined as persons diagnosed with HIV infection during January 1, 2010–December 31, 2010 and received care within three months of their diagnosis.
- In continuous case was defined as having had more than two care visits, as represented by a CD4 and/or viral load laboratory result, during January 01, 2010–December 31, 2010, where the visits were at least three months apart.
 - Denominator included California residents diagnosed with HIV infection on or before December 31, 2009 and ≥ 13 years old on December 31, 2009 who received HIV care during January 1, 2010–December 31, 2010 and were still alive on December 31, 2010.

b. **Objective 2-3:**

- Defined as HIV Care Program Ryan White Part B clients in California (excluding those in the counties of Alameda and Los Angeles, although clients in the city of Long Beach are included) who received at least one service during 2010 and reported “stable/permanent” housing as their living situation as of the end of calendar year 2010.
- Data are from California’s HIV Care Program client management system, the AIDS Regional Information and Evaluation System (ARIES).
- Unknown/missing data (13.6 percent) were excluded from denominator.
- For additional information about the Ryan White Program, please see: <http://hab.hrsa.gov/abouthab/index.html>.

3) **Goal 3: Reduce HIV-related health disparities**

a. **Objectives 3-1; 3-2; and 3-3**

- Denominator included California residents diagnosed with HIV infection on or before December 31, 2009 and over 13 years old on December 31, 2009 who had had at least one viral load result in during January 01, 2010–December 31, 2010, and were still alive on December 31, 2010.
- Persons whose most recent viral load test result was less than 200 copies/ml during January 1, 2010–December 31, 2010 were considered virally suppressed and included in the numerator of those with an “undetectable viral load.”

4) **2010 National data for comparison for Goals 2 and 3**

a. **Objectives 2-1; 3-1; 3-2; and 3-3**

- Source: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and six U.S. dependent areas—2010. *HIV Surveillance Supplemental Report* 2013;18(No. 2, part B). http://www.cdc.gov/hiv/library/reports/surveillance/2010/surveillance_Report_vol_18_no_2.html. Published January 2013. [Accessed November 18, 2013].

b. **Objectives 2-2 and 2-3**

- Source: National Office of AIDS Policy. NHAS for the United States. <http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas.pdf>. Published July 2010.

5) **Additional resources:**

- NHAS: <http://aids.gov/federal-resources/national-hiv-aids-strategy/nhas.pdf>.
- CDPH’s Office of AIDS Integrated HIV Surveillance, Prevention, and Care Plan: <http://www.cdph.ca.gov/programs/aids/Documents/IntegratedPlan.pdf>.

Acknowledgements

CDPH’s Office of AIDS would like to thank all California providers, laboratories, LHJs surveillance staff, and ARIES users whose work made this report possible.